



State of New Hampshire
Department of Environmental Services



Application for Lead Clearance Testing Technician

RENEWAL APPLICATION FOR CERTIFICATION

Note: This discipline is also known as dust testing technician or lead sampling technician.

Type or print clearly in **INK**; attach all required documentation; and sign the application. All sections of the application must be filled in. The signature must be in ink. Photocopies of the signed form are NOT acceptable.

SECTION I
APPLICANT INFORMATION

1. Name: _____
Last First MI
2. Other names under which you have been certified or licensed as a lead abatement professional: _____
3. Address: _____
Street Apt. No.

City/Town State Zip
4. Mailing Address (If different from above) _____
5. Home Phone: _____
(Optional)

SECTION II
EMPLOYER INFORMATION

6. Corporation or Firm Name: _____
7. Address: _____
Street

City/Town State Zip
8. Mailing Address (If different from above) _____
9. Work Phone: _____

SECTION III
LICENSING HISTORY

New Hampshire lead clearance testing technician certification

Expiration date of last certification: _____

Certification number: _____

YES NO

☐☐

Are you licensed, certified or permitted as a lead clearance testing technician, dust testing technician or lead sampling technician in any state other than New Hampshire? If “Yes”, please list:

STATE	CERTIFICATION DATE	CERTIFICATION NUMBER

☐☐

Are there any pending or complete state, federal or local enforcement actions (i.e. Notices of Violation, Administrative Orders, Consent Decrees, Notices of Permit Revocation or Denial, or Civil or Criminal Actions) against you which resulted from lead base substance abatement activities within the past 10 years? If “Yes”, please explain:

SECTION IV
TRAINING INFORMATION

If you have **additional** certified lead clearance testing technician training, please complete the section below and **attach documentation** of the courses you have completed.

Course Title	Training Provider	Date of Completion

SECTION V
CHECKLIST OF REQUIRED DOCUMENTATION

A current, clear, and unstapled color photograph of yourself (such as passport photograph) with your name clearly printed on the back of the photograph; or an electronic image in a format that is compatible with Window's Image Program or Paint Program. (If you sent in photo last year, you may fill in "on file")

SECTION VI
STATEMENT OF COMPLIANCE

You must read, or have read to you, the following statement and sign on the line provided:

I certify that I have read and understand the New Hampshire Lead Poisoning Prevention Act and Administrative Rules and meet the qualifications for receiving certification. I further certify that this application is prepared in conformity with the New Hampshire Lead Poisoning Prevention and Control Rule (He-P 1603.03) and that all information contained herein, including any supplements attached hereto, is true and correct to the best of my knowledge and belief.

APPLICANT'S

SIGNATURE: _____ DATE _____

SECTION VII
MAILING INSTRUCTIONS

Send completed application to:

New Hampshire Department of Environmental Services
Bureau of Environmental & Occupational Health
P.O. Box 95
29 Hazen Drive
Concord, NH 03302-0095
ATTN: Marjorie Yin
Phone: 603-271-4555

**DO NOT SEND APPLICATION WITHOUT APPROPRIATE APPLICATION FEE OF \$50.00
AS SPECIFIED IN He-P 1603.04(b)(1)**

**CHECKS AND/OR MONEY ORDERS MUST BE MADE PAYABLE TO:
"TREASURER , STATE OF NEW HAMPSHIRE"**